

1666675
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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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47		1				
48		1				
49		1				
50		1				
TOTAL IND.		2		2		
TOTAL DEP.	←	8	←	8	←	
TOTAL CLAIMS		10				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		2		2		
TOTAL DEP.	←	8	←	8	←	
TOTAL CLAIMS		10				